## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed whe

maintenance fee notifica	tions.	nerwise in Block I, by (	respondence address	vill be mailed to the curren; and/or (b) indicating a sep	parate "FEE ADDRESS" f								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, muchave its own certificate of mailing or transmission.									
Dist. D. M. 1		7/2006		Cer	tificate of Mailing or Trans	emission .							
Rick D. Nydegger WORKMAN NYDEGGER 100 Eagle Gate Tower 60 East South Temple				I hereby certify that this Fee(s) Transmittal is being deposited with the Units States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name of the USPTO (571) 273-2885)									
							Salt Lake City, U	JT 84111		-		***************************************	
							e e						(Signature (Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.							
10/644,707	08/20/2003		Dan E. Fischer		7678.727								
•		GHT ADAPTED TO EN	MIT LIGHT AT A DESIR	ED ANGLE	70/8.727	6697							
				ED / II (OLD									
						er.							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/07/2007							
EXAM	INER	ART UNIT	CLASS-SUBCLASS										
O'CONNOR, CARY E		3732	433-029000	<del></del>									
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list Workman										
,	ondence address (or Cha 3/122) attached.	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to										
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
			THE PATENT (print or ty	• •	<u> </u>	***************************************							
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi i in 37 CFR 3.11. Comm	fied below, no assignee letion of this form is NO	data will appear on the	patent. If an assigne	ee is identified below, the d	ocument has been filed for							
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)													
ULTRADENT PRODUCTS, INC. SOUTH JORDAN UTAH													
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🔁 Co	rporation or other private gre	oup entity Governmen							
4a. The following fee(s) a	***************************************		***************************************	·····		***************************************							
Issue Fee				cc(s): (Please first reapply any previously paid issue fee shown above) enclosed.									
Publication Fee (N	ermitted)	Payment by credit ca	Payment by credit card. Form PTO-2038 is attached.										
Advance Order - #	of Copies 10		The Director is hereb overpayment, to Dep	y authorized to chargosit Account Numbe	ge the required fee(s), any der 23-3178 (enclose a	eficiency, or credit any in extra copy of this form).							
5. Change in Entity Stat	`	,											
	SMALL ENTITY statu				L ENTITY status. See 37 C								
NOTE: The Issue Fee and interest as shown by the re	l Publication Fee (if requeecords of the United Sta	ircd) will not be accepte es Patent and Trademark	d from anyone other than Office.	the applicant; a regis	stered attorney or agent; or the	ne assignee or other party i							
Authorized Signature	( Self X)	The Lowe		D 14	February 2								
	Ri		3	Date	February Z	<u> </u>							
Typed or printed name		-(0:00-00			0. 28,651								
					ne public which is to file (and ninutes to complete, includir								
submitting the completed this form and/or suggestic	application form to the	USPTO. Time will vary den, should be sent to the	depending upon the indi	vidual case. Any con	mments on the amount of the Irademark Office, U.S. Dep. SEND TO: Commissioner	me you require to complet							
Box 1450, Alexandria, Vi Alexandria, Virginia 2231	rginia 22313-1450. DO 3-1450.	NOT SEND FEES OR	COMPLETED FORMS T	O THIS ADDRESS	. SEND TO: Commissioner	for Patents, P.O. Box 1450							
		ersons are required to res	spond to a collection of in	formation unless it d	isplays a valid OMB control	number.							